

ADDENDUM NO. 1

NAME: Taxi Services - RFP No. TNH 003-2014

DATE: July 21, 2014

TO: All Prospective Proposers

This amendment is being issued to make the following changes to the RFP with regard to insurance requirements and payment provisions:

1. Insurance

- a. The Insurance Certificate attached to the Responder's Qualification Statement in Section VI of the RFP is replaced with the certificate attached to this amendment.
- b. Section 10(a) of the Model Contract included in Section VIII of the RFP shall be amended to read as follows:
 - (a) Liability Insurance coverage that is compliance with Section 52-15 of the Town Code of the Town of North Hempstead. Such insurance shall name the Town of North Hempstead as an additional insured.
- c. Section 10(b) of the Model Contract included in Section VIII of the RFP shall be deleted.
- d. Sections 10(c) and 10(d) of the Model Contract included in Section VIII of the RFP shall be renumbered 10(b) and 10(c), respectively.

2. Payment

- a. Section II, Part B(3) of the RFP shall be amended to read as follows:

3- The responder agrees to accept their proposed rates as payment for each ride, however, in no event will this rate surpass the rate that is five percent (5%) over the **established Medicaid rate** for the trip.**** The rider will pay one half of that rate at the time of service and the town will pay the other half, upon being billed by the company. **** Please note that this program is not a Medicaid program and the Medicaid rates are used as merely as guide.
- b. Section II, Part C(2) of the RFP shall be amended to read as follows:

2- The responder agrees to accept their proposed rates as payment for each ride, however, in no event will this rate surpass the rate that is five

percent (5%) over the ***established Medicaid rate*** for the trip. **** The rider will pay one half of that rate and the town will pay the other half, upon being billed by the company. **** Please note that this program is not a Medicaid program and the Medicaid rates are used merely as a guide.

- c. Section VII of the RFP shall be replaced with the form attached to this amendment.
- d. Note that this amendment does not make any change to any portion of the RFP concerning rates for shopping transportation services.

The remainder of the RFP shall remain in full force and effect

INSURANCE CERTIFICATION

TO BE COMPLETED BY AN AUTHORIZED INSURANCE AGENT

INSTRUCTIONS:

Please complete this Insurance Certification and attach copies of proof of insurance as follows:

- (a) **Commercial General Liability/Automobile Liability:** ACCORD-25 FORM.
- (b) **Worker's Compensation:** Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57 (2) evidencing proof of workers' compensation insurance *or* proof of Responder not being required to secure same.
- (c) **Disability Benefits Insurance:** Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220 evidencing proof of disability benefits insurance *or* proof of Responder not being required to secure same.

This form and all supporting documentation must be submitted with this Proposal even if said information is on-file with the Town in connection with another response, project or contract.

(Name and Address of Responder)

Name of RFP: _____ RFP Number: _____

- (1) Liability Insurance compliant with Section 52-15 of the Town Code.

Insurance Carrier: _____ Policy Number(s): _____

- (2) Worker's Compensation:

Insurance Carrier: _____ Policy Number(s): _____

- (3) Disability Benefits Insurance:

Insurance Carrier: _____ Policy Number(s): _____

- (4) The above insurance is effective with New York State admitted insurance companies, and is A rated or equivalent to A rated.

- (5) Policy cancellation or non-renewal shall be effective only upon thirty (30) days prior notice by certified mail to:

Town of North Hempstead, Office of the Town Attorney, 220 Plandome Road, P.O.B. 3000, Manhasset, New York 11030

Authorized Insurance Agent's Signature and Title:

Name, Insurance Affiliation and Address:

Dated _____

SECTION VII COST PROPOSAL

Section A – Shopping Transportation Service

Hourly Rate, per car, per driver _____
Please specify the Region

Region(s) requested _____, subject to requests for “out of region” service. Successful responders providing such “out of region” service will be paid the rate that would have otherwise been paid to the company that would normally service such region.

Section B – Medical Transportation Service

Cost per trip:

Region 1: No more than 5% over the current Medicaid rate: _____

Region 2: No more than 5% over the current Medicaid rate: _____

Region 3: No more than 5% over the current Medicaid rate: _____

Region 4: No more than 5% over the current Medicaid rate: _____

Region 5: No more than 5% over the current Medicaid rate: _____

Region 6: No more than 5% over the current Medicaid rate: _____

Region 7: No more than 5% over the current Medicaid rate: _____

Subject to requests for “out of region” service. Successful responders providing such “out of region” service will be paid the rate that would have otherwise been paid to the company that would normally service such region.

Section C – Evening and/or Social Transportation Service

Cost per trip:

Region 1: No more than 5% over the current Medicaid rate: _____

Region 2: No more than 5% over the current Medicaid rate: _____

Region 3: No more than 5% over the current Medicaid rate: _____

Region 4: No more than 5% over the current Medicaid rate: _____

Region 5: No more than 5% over the current Medicaid rate: _____

Region 6: No more than 5% over the current Medicaid rate: _____

Region 7: No more than 5% over the current Medicaid rate: _____

subject to requests for “out of region” service. Successful responders providing such “out of region” service will be paid the rate that would have otherwise been paid to the company that would normally service such region.

The undersigned further stipulates that the information in this attachment and the proposer’s fee proposal is, to the best of its knowledge, true and accurate.

Signature

Name of Proposer

Sworn to and subscribed on

this _____ day of _____, 20____

Title of Person Signing

(Notary Public)